



**Association of Workers' Compensation Boards of Canada**  
**Association des commissions des accidents du travail du Canada**

**Jurisdictional Update Report**

**Date: May 2015**

**To: Compensation and Benefits Committee**

**From: WCB Alberta**

**Committee Member: Robert Nebo**

<b>Committee Mandate</b>	
	The AWCBC Compensation & Benefits Committee works collaboratively to share experiences, identify and improve claim-related outcomes and identify and action opportunities around operational, research and policy development initiatives.
<b>Goals</b>	
	1. To share jurisdictional experiences and knowledge
	2. To put before the committee, emerging issues that are deemed high priority, for consideration of planning
	3. To identify, plan, and carry out specific projects for the benefit of the committee members and their respective jurisdictions.
	4. To be available to other AWCBC / national committees to provide input and or partner with when requested.
	5. To provide feedback to AWCBC Executive when required or requested.

Objective	Activities
<p><b>Repetitive Strain injuries</b></p>	<p><b>Repetitive Strain Injuries</b></p> <p>Initial adjudication is focused on gathering information to get a good description of the DOA job (Physical Demands Analysis, Progressive Injury Questionnaires – see attached) and all medical reporting (including GP chart notes). Medical opinion is provided by WCB Medical Consultants on whether or not the work duties could have led to the condition or if there was an aggravation of a pre-existing condition. We often experience delays in gathering the noted information especially when the employer does not have documented job descriptions/hazard assessments and/or is not engaged in RTW planning.</p> <p><b>Challenge: Initial adjudication.</b> When we have a worker that's been with the same employer for several years with no concerns and they are now reporting an RSI injury, it can be hard to determine what, if anything has changed in the work place to have caused the current/reported symptoms.</p> <p><b>Success: Return to Work Planning Meetings</b> - More often than not, these work-site visits where both worker and employer are there with an occupational therapist help us get a better understanding of the specifics of the job and, lots of times, what has changed for this worker to have now caused an on-set of symptoms when he's been able to do the job symptom free for years.</p> <p><b>Challenge:</b> Question of when to consider the DOA job the work restriction (VR). We have situations where we can see claim history with some of our workers where they seem to have a flare-up of RSI-type injuries on a regular basis. For example, a worker who has an RSI, performs modified work, attends physiotherapy and possibly a RTW Program with full recovery to return to pre-accident level job duties (the same job duties that caused the RSI in the first place) and within a few months or year, the symptoms are back.</p> <p><b>Success #1:</b> Return to Work Planning Meetings. These are excellent in helping us determine if there are work-place modifications we can provide to help support a successful and sustainable return to pre-accident job duties (i.e. ergonomic tools)</p> <p><b>Success #2:</b> Frank discussions with employers with a view to confirming potential permanent accommodation. From a risk management perspective and for the sake of the employee's wellness, although we are returning to pre-accident level work and essentially closing our file, we ask the DOA employer to consider a permanent accommodation to prevent future claims.</p> <p><b>RSI Medical Reference Document</b> (attached) is a summary of literature review provided as a guide for physicians on our website - <i>"RSI" is best thought of as a group of disorders with a complex and multifactorial etiology and associated with a wide range of both occupational and non-occupational risk factors. Given that</i></p>

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	<p><i>this is the case, the determination of causation and work relatedness is extremely difficult and requires a thorough and detailed understanding of the physical demands and conditions of employment as well as a careful review of any potential non-occupational risk factors correlated with an accurate and specific diagnosis.</i></p>
<p><b>Psychological Injuries</b></p> <ul style="list-style-type: none"> <li>• TPI Continuum of Care Model (attached)</li> <li>• TPI Program (attached)</li> <li>• When to use a Psych Consultant vs Medical Consultant (attached)</li> <li>• CPA vs Psych IME (attached)</li> </ul>	<p><b>Psychological Injuries – TIPS FOR SUCCESS for Claim Managers</b></p> <p>Communicate directly and as often as possible with the psychology provider. This illustrates you respect their medical opinion but also allows you to obtain updates/recommendations directly. This also allows you the opportunity to sell the return to work opportunities available with the employer and/or possible alternate employment in addition to WCB treatment opportunities (Including TPI program details) should we need to explore additional treatment options including exposure therapy.</p> <p>A RTW focus from the treating providers and supporting employer is the most successful outcome.</p> <p>Don't put psychological stressors/barriers off, address them right away. Treat both the physical and the psychological injury at the same time</p> <p>Deal with things early. We've all seen it - the psych claim that everyone ignored was a psych claim because they're "too intimidating". So the psych doesn't get addressed and ends up being a way bigger mess two or three years down the road than if it was dealt with right away.</p> <p>Gaining the trust of the person so they are open and up front with us and their medical providers. Do what you say and model responsibility and ownership over recovery as you would want the claimant to do.</p> <p><b>Top 5 Tips for Success</b></p> <ol style="list-style-type: none"> <li>1. <b>Make an entitlement Decision</b> - You can offer up to 10 sessions of counseling for psychological symptoms in order to remove barriers to RTW, without accepting a psychological injury or condition under the claim. However, if a psychological diagnosis is provided by a treatment provider, you should determine entitlement for that condition as soon as possible, in order to avoid confusion on the claim later. In all cases, an extension of counseling cannot be approved without psych entitlement on the claim.</li> <li>2. <b>Get to Know your worker's background</b> - How were they functioning before the date of accident? Have they had prior WCB claims that included psychological issues? Do they have pre-existing</li> </ol>

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	<p>psychological diagnoses, or any pre-accident psychological or psychiatric treatment?</p> <p><b>3. Know your assessment options</b> - Traumatic Psych Injury (TPI) Screen; TPI Intake; CPA; Psychiatric IME Remember to send copies of relevant assessments to treating physicians and psychologists, if appropriate.</p> <p><b>4. Know your program options</b> - TPI Program, Levels I, II, or III; Community Psychologist; Non-contracted community psychologist, including out of province providers; Non-contracted Psychiatric programs such as UAH, RAH, etc.</p> <p><b>5. When in doubt, ask</b> - Team Desk Psychological Consultant (Millard); Any member of Special Needs Teams ( E6, C1, E27)</p>
<p><b>Quality Assurance</b></p> <p><b>1. Quality Assurance Team</b>  1 Supervisor  (reports to the Senior Manager)  10 Quality Analysts  (pre-assigned to claims teams),  1 Forms &amp; Correspondence Analyst  (manages changes and updates to letter templates and business procedures)</p> <p><b>QA Team Scorecard Goals:</b></p> <ul style="list-style-type: none"> <li>• Ensure quality Case Plan Certification reviews by attesting audits and maintaining &lt; 5% average spread between QA attest and audit score</li> <li>• Contribute to Decision Fairness Relationship by helping Customer Service achieve 90% employer first contact and 90% employer follow up contact</li> <li>• VR01 cases are kept under 30 days 70% (65% for S/N teams) of the time</li> </ul>	<p><b>1. QA Team Scope of Services:</b></p> <p><b><u>Performance Consulting</u></b> - Quality Analysts (QA's) work closely with claims supervisors and their teams to assist with team scorecard outcomes that measure excellent customer service. This starts by finding out from the customer service teams, units, and departments what the areas of opportunity are and what we can do to help. The <b>QA</b> will learn from the supervisor and their team about what they suspect is generating the outcomes they would like to see enhanced. The <b>QA</b> then reviews a sample of the team's claims to identify processes that could be altered for better team-based outcomes.</p> <p>This is followed by consulting with the team on the process-driven findings and working with teams to create and deliver business solutions or tools to navigate improved outcomes. The <b>QA</b> then follows up with the supervisor and team until the measured outcomes improve and the tools are refined enough to ensure change can happen. In cases where a team-based process is not found to be a solution, the <b>QA</b> will act as a liaison between the supervisor and other support areas (e.g. CRT, business training, account management, etc.) and end their involvement.</p> <p>In cases where similar process trends and opportunities are found across teams, performance consulting will be used to inform business procedures and other global tools the Customer Service Department has.</p> <p><b><u>Continuous Process Testing</u></b> - Assist customer service in ensuring a level of quality is achieved through the completion of blind reviews. Feedback is offered to various customer service groups so they can reflect</p>

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<p>and 2014's baselines for number of claims are maintained in Q4</p> <ul style="list-style-type: none"> <li>• Achieve 85% internal customer satisfaction score on the fall survey"</li> <li>• Support the organization's focus on return-to-work by coaching appropriateness of TD01 closures for an overall result of 95% of closures being appropriate, or better</li> <li>• Assist the Customer Service teams to increase use of Fit For Work (FFW) to 85% or higher</li> <li>• Assist Customer Service teams achieve their Modified Work Performed target on 57.1% for the department</li> <li>• Continuous attest auditing of Manager's and Director's reviews of ELP's (min. 8 per month) and TEL's (min. 2 per month) for a &lt;3% average spread between Managers/Directors and QA</li> <li>• Contribute to Maximizing modified work file notes by providing education and guidance for quality modified work file notes.</li> </ul> <p><b>2. Claim QA Process Summary</b></p>	<p>on how things went—what went well, and what could have been done differently. QA provides coaching and encourages anyone who wants follow-up conversation on a review to call us.</p> <p>Examples of continuous process testing include:</p> <ul style="list-style-type: none"> <li>• Attest audits are when <b>QAs</b> review the regular auditor's audit. Essentially, we are auditing the audit. This is to support auditors, such as supervisors reviewing letters, in giving consistent feedback. Another example is ELP/TEL attest audits. We want auditing to be fair and transparent. Ultimately, this process will allow for consistent coaching and global views on what quality work looks like.</li> <li>• Quality Control reviews help ensure we are doing the right thing. This occurs in situations such as when a payment is made on claims yet no new mail has been received within 90 days. We advise on whether payments were appropriate. Another example is monthly reviews of TD01 closures.</li> <li>• Coaching reviews such as the Case Planning Quality (CPQ) reviews. We offer initial feedback to claim owners as opposed to auditors. We either provide coaching directly with the claim owner, or send the review to the supervisor for their coaching with staff. QA is always available to staff for coaching!</li> </ul> <p><b><u>Business Procedure, Letter Template and TOP/NOP Development</u></b> - Business procedures are a vital source of information that offers similar practices on how to achieve a fair and consistent outcome in the management of claims. QA consults with various parts of the organization to either create new procedures or change existing ones and on projects that will have significant procedural changes on major scorecard initiatives. Online change request forms are available for staff to initiate procedure reviews/changes.</p> <p><b><u>Claim Owner Tools &amp; Resources</u></b> –</p> <ul style="list-style-type: none"> <li>• QA internal web page provides a list of tip sheets, adjudication guides, FAQ's, as quick 'how-to' reference resources for common claim decisions – reopen claims, modified work, VR, letter audits, ending TD01, etc.</li> <li>• Business procedures updates and changes by date</li> <li>• QA claims duration review and RTW recommendations on a claim by claim basis for each team</li> <li>• Quality score outcomes for decision letter audits, case plan certifications, etc.</li> </ul> <p><b>2. Claims Quality Assurance Process Summary:</b></p> <ul style="list-style-type: none"> <li>• <b><u>Quality Claim Audits</u></b> - claim file reviews with a standardized process to score the quality and timeliness of adjudication decision making and communication - all audit programs have corresponding online database showing audit outcomes from the team down to the claim owner desk level and weekly/monthly quality audit scores are reviewed on the Team/Operations/Corporate scorecards</li> <li>• <b><u>Quality communication letter and Case Plan audits</u></b> are completed by Supervisors and calibrated by</li> </ul>

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<p><b>3. QA Audits at Team Level</b></p>	<p>the Quality Assurance team on samples of all ADJ/CO on 6 week+ wage loss claims</p> <ul style="list-style-type: none"> <li>• <b>ELP audits</b> on claims with permanent work restrictions resulting in permanent wage loss - since these are high liability (pension type claims) Managers/Directors do the audits with QA team reviews/calibration</li> <li>• <b>Path to RTW is an online claim tracking system</b> providing up to date summary of TTD/wage loss claims - includes information on Supervisor reviews, claim audits, case plan completed/updated/letters sent, etc. as tool to assess quality/issues on active wage loss and longer duration claims. Supervisors use the database to create performance reporting, track duration objectives, identify claims with inappropriate benefits (ie TTD vs. VR), identify claims that require RTW action, etc.</li> <li>• <b>Training incorporates passport of competencies</b> that track staff progression to job rate based on key skills required for the job. Supervisors build a routine into their weekly schedule to go into their CM's caseloads, review their work and do a few passport reviews. Passports are completed online and compile the claim review/audits done to demonstrate each competency, timeframe, etc. The status and progression of passports are tracked online and monitored via weekly/monthly Team/Operations scorecard outcomes.</li> </ul> <p><b>3. Task Completion Quality Assurance:</b> Many teams across the WCB (Customer Records/Imaging; Comp Payments; Medical Payments; Claims Registration; Contact Centre; Employer Account Services; etc.) do monthly quality audits of transactions/tasks completed by their staff as part of their scorecards. For example, Claim Registration has the objective to register new claims within 8 hours of notice with 95% quality score. The QA process typically involves randomly selecting a representative number of transactions to check for proper processing against specific criteria. Examples:</p> <ul style="list-style-type: none"> <li>• Document imaged to correct claim file with accurate index/description.</li> <li>• Medical invoice is appropriately completed, has the required report attached, service dates match billing dates, provider matches ID and billing number, etc. to ensure payable in accordance with provider contract, and that the payment amount is correct with appropriate documentation on the file.</li> </ul> <p>QA audit outcomes are also used to recognize good performance and coach/train where needed to eliminate errors and improve quality.</p>
<p><b>Return to Work</b></p>	<p><b>RTW Approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Proactive case planning focusing on RTW</b> – RTW focus at the start of the claim by including the worker/employer in the RTW plan with clear understanding of their roles. For example, the worker engagement initiative provides information and coaching for the worker to seek modified work with their employer; HC provider reports and OIS clinics provide the worker's restrictions and FFW capabilities at the first physician visit after the injury to promote immediate modified work placement</li> <li>• <b>Early and clear diagnosis of medical condition</b> – avoid medicalization of a claim where the worker's</li> </ul>

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	<p>focus is on their condition rather than their recovery by establishing clear diagnosis and treatment plans early in the claim. This facilitates fast transition to continuum of care programs specifically designed for different injuries – back, shoulders, fractures, etc. Each of these have processes to expedite injury specific assessments, treatment plans and RTW planning meetings and goals.</p> <ul style="list-style-type: none"> <li>• <b>Working with the employer/worker to keep worker “job attached”</b> – focus on the worker’s FFW abilities at the start to promote MW placement (immediate or at X date when the worker will be fit for some level of work). Focus on negotiating MW/RTW with the employer early in the claim – managing claim cost and earning premium discounts; maintaining valued workforce; duty to accommodate; etc.) If the employer will not commit to MW/RTW or ongoing employment with the worker, we start VR early in the claim - don’t wait for medical plateau or full FFW.</li> </ul> <p><b>Corporate RTW focus – all areas are challenged to contribute to RTW</b> – Example...Support Area teams are responsible to look for opportunities to take over administrative tasks from Claim Owners that in turn free up Claim Owner time to focus on RTW planning and relationship building with workers and employers.</p> <ul style="list-style-type: none"> <li>• Claims Registration team took over all tasks for consolidating duplicate claims eliminating almost 9,000 tasks from claim owners freeing up almost 200 man days of claim owner time.</li> <li>• <b>Continuum of care models</b> - designed for various injury types (backs, shoulders, traumatic psych, MTBI, Opioid management, etc. – documentation on these programs have been provided in prior jurisdictional updates) (NEW - Shoulder Surgical Review process attached)</li> <li>• <b>Expedited surgeries with Visiting Specialist Clinics</b> - where the worker meets with the specialist, surgery is confirmed, booked and completed within 15 days (over 1800 surgeries occurring each year that are expedited)</li> <li>• <b>Occupational Injury Service</b> - expedited access to medical services at special OIS clinics throughout the province. Same day access to a physician with a background in occupational medicine and WCB-Alberta training (target wait time of 30 minutes or less) who provides: <ul style="list-style-type: none"> <li>○ Expedited diagnostic and treatment services</li> <li>○ Detailed communication to the worker, employer, worker’s GP with injury assessment and treatment</li> <li>○ Individualized return to work plan</li> <li>○ Follow up support</li> </ul> </li> </ul>
<p><b>Non Diagnostic Conditions</b></p>	<p>Chronic pain syndromes (Myofascial, Fibromyalgia, etc. - pain without objective medical findings) are at the core of non-diagnostic conditions. Early recognition of syndrome indicators/risk factors (i.e. complex personal issues, poor coping mechanism, worker’s focus on barriers, psych issues, etc.) helps avoid</p>

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	<p>medicalization, inappropriate treatment, etc. Focus on normalizing the claim, identifying worker abilities and RTW planning – community treatment vs. multi-disciplined program; and pain management.            Medical Advisory Guidelines for Myofascial and Fibromyalgia attached – outlining WCB Alberta position and guide for treating physician/specialist.</p>
<p><b>KPI's – 2015 Q1 Outcomes</b></p>	<p><b>RTW &amp; Benefits:</b></p> <ul style="list-style-type: none"> <li>• RTW – 93% (% FFW and employable)</li> <li>• First payment in 14 days – 88% (time from claim registration to first payment)</li> <li>• Wage Quality – 86% (% permanent wage loss with &gt;75% post/pre accident earnings)</li> <li>• Modified Work – 64% (% disabling injury claims with MW)</li> <li>• Back claims RTW – 95% (% RTW within 12 weeks of DOA)</li> <li>• Claim Duration – 34.1 days</li> </ul> <p><b>Service &amp; Quality:</b></p> <ul style="list-style-type: none"> <li>• Call Centre average wait time – 32 seconds</li> <li>• Medical Consultant reports in 7 days – 84% (% internal MC reports to claims owners)</li> <li>• PT outcomes – 77% (% claims off TD at 7 days post PT discharge)</li> <li>• Appeals completed in 40 days – 98% (% 1<sup>st</sup> level appeal decisions completed &lt;40 days from submission)</li> <li>• Appeals Commission reversals – 38%</li> </ul> <p><b>Customer &amp; Staff:</b></p> <ul style="list-style-type: none"> <li>• Overall customer satisfaction - 79% injured worker / 94% employer</li> <li>• Decision fairness satisfaction - 86% injured worker / 68% employer</li> <li>• Treated with courtesy and respect - 93% injured worker / 91% employer</li> <li>• Employee satisfaction – 96% (<i>WCB is good place to work</i>)</li> <li>• CM/ADJ retention rate – 89%</li> </ul> <p><b>2105 Highlights/Forecast:</b></p> <ul style="list-style-type: none"> <li>• Lost Time Claims – 28,000 (-9% reduction in YTD volumes of total new claims)</li> <li>• LTC Rate – 1.41/100 workers covered</li> <li>• Disabling Injury rate – 2.65/100 workers covered</li> <li>• Premium Rate – \$0.97</li> <li>• Funded Position – 128% (2014 finished at 136% funded – see Surplus Distribution)</li> <li>• Insurable Earnings – \$109B (-6.4% below initial 2015 forecast)</li> </ul>



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<p><b>Additional Information / Items</b></p>	<p><b>Surplus Distribution:</b> Funding policy requires funding levels be maintained between 114%-128% of liabilities. As a result of better than expected investment returns, 2014 ended at 136% funded. Policy requires surplus funding to be distributed to employers.</p> <ul style="list-style-type: none"> <li>• \$507M will be returned to employers – about 40% of premiums</li> <li>• 136,000 employers with accounts in good standing will get rebates</li> <li>• No rebates for employers with poor performance surcharges, bad debt, missing insurable earnings reports, minimum premium accounts.</li> <li>• Safety Associations can apply for grants to fund health and safety initiatives to be paid out of their industry's portion of the surplus. If approved, the association grant is deducted from the industry surplus before distribution to employers. This is explained in documentation that goes out to employers with surplus cheques. Associations are required to submit an annual report accounting for how the surplus was spent – evidence that the health and safety initiative was implemented.</li> </ul>